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	Attorney Docket Number	•			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Joseph Reid Henrichs			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	/			
	Filing Date	06/26/2001			
☑ Declaration Submitted OR Submitted after Initial	Group Art Unit				
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named invent	or, I hereby declare that:			· ·			
My residence, post office a	ddress, and citizenship are a	as stated below next to my	name.	!			
, ,,	•	·		/if missed			
	irst and sole inventor (if only the subject matter which is o			rst and joint inventor (if plural the invention entitled:			
COVER FOR MAGNETIC OR OPTICAL HARD DISK DRIVE							
the specification of which	the specification of which (Title of the Invention)						
is attached hereto							
OR was filed on (MM/DD)/YYY)	as United	d States Applica	tion Number or PCT International			
Application Number	and we	as amended on (MM/DD/YY	~vv [(if applicable).			
I hereby state that I have rev		•	, <u> </u>				
amended by any amendmen	it specifically referred to abo	Ove.	illed apooliloado	i, moduling the olaims, as			
I acknowledge the duty to dis	sclose information which is r	material to patentability as o	defined in 37 CF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
	tion numbers are listed on a						
Additional foreign applicat I hereby claim the benefit un Application Number(s	nder 35 U.S.C. 119(e) of any						

[Page 1 of 2]
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DECLARATION Utility or Decian Patent Application

DL	JLA	NATION		<u>- U</u>	THIE A	<u>/ Ui</u>	<u> </u>	<u> </u>		rate	IIL /	<u> 145</u>	Jiicatic	<u> </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.	S. Pare	ent Application Number		PCT F	Parent			rent F MM/D		g Date YYY)			rent Patent Number (if applicable)	
	(mass, (mass, mass)													
☐ Additional	U.S. or F	CT international ap	plicat	ion nun	nbers ar	e listed on	a sup	plement	tal pri	ority data	sheet P	TO/SB/	02B attached h	nereto.
As a named inv and Trademark	entor, I h Office co	ereby appoint the fornected therewith:		Custorr OR	ner Num	ractitioner(nber ctitioner(s)						• [ct all business Place Custo Number Bar Label he	omer Code
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Additional	registered	practitioner(s) nar	n <u>ed o</u> r	n suppl	ie <u>mental</u>	Registere	d Prac	titioner	Inforr	nation she	et PTO	/SB/020	attached here	eto.
	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below													
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Address					641	North	east	Swa	ann	Circle	е			
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Country	Unite	d States of Am	erica	₃ Te	elephon	ne /	(816) 524-5120 Fax (816) 524-51			5120				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of So	lame of Sole or First Inventor:													
Gi	Given Name (first and middle [if any]) Family Name or Surname													
	JOSEPH REID HENRICHS													
Inventor's Signature														
Residence: C	City	LEE'S SUMMIT State MO.				Country USA				Citizenship	USA			
Post Office A	ddress	641 North	eas	st Sv	vann	Circle)							
Post Office A	ddress	n/a	ļ											
City		Lee's Summit State Missouri ZIP			P 64086-8464 Country United States			States						
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														





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STATEMENT CLAIMING SMA (37 CFR 1.9(f) & 1.27(b))IND	Docket Number (Optional)							
Applicant, Patentee, or Identifier: Joseph Reid Henrichs								
Application or Patent No.:								
Filed or Issued: _06/26/2001								
Title: COVER FOR MAGNETIC OR OPTICAL HARD DISK DRIVE								
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:								
the specification filed herewith with title as listed above.								
the application identified above.								
the patent identified above.	•	8						
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).								
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:								
X No such person, concern,	or organization exists.							
Each such person, concer	Each such person, concern, or organization is listed below.							
Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))								
Joseph Reid Henrichs NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR						
Signature of inventor	Signature of inventor	Signature of inventor						
06-26-2001 Date	Date	Date						

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